

SPEECH AND LANGUAGE THERAPY
Referral Form for Children and Young People with SLCN
(Speech Language and Communication Needs)

Please complete all sections fully as referrals are prioritised on the basis of information given

Name of child: _____ DOB: _____ NHS Number: _____
Address: _____ Full Names of Parent/Guardian: _____

Post Code: _____ Tel. Contact No: _____
LAC Yes/No _____

Name School/Nursery/Pre-school setting _____ Stage of Code of Practice: None / SA /SA+ /Statement _____
Date of statement _____

Attendance (e.g. full-time/am/pm) _____ Has the Inclusion Toolkit been used with this child? Yes/No _____
If yes please attach any associated documents you think would be useful to us _____

Has CAF been initiated? Yes/No. _____ If so who is the contact _____
First Language _____ Which languages are used at home? _____

Health Visitor: _____ GP: _____
Address: _____ Address: _____
Tel: _____ Tel: _____

Referral Information (Please include a description of the problem and any other relevant information, e.g. medical, educational and social history, including results of recent assessments. Continue on another page if necessary):

Are there any safety issues for members of staff when dealing with this family? Yes/No
If Yes, please give details. HVs, please attach your Risk Assessment for Home Visiting

Other Agencies involved (e.g. Hospital Departments, Additional support at school, Educational Psychologist, CAMHS):

Has Children's Services been involved with this family at any time? _____

Date and Result of Hearing Test (if known): _____

Parental Consent Confirmed

SLCN Practitioner* Please tick. NB This is obligatory before referral can be accepted.

Date

Your child may be seen by a Student SLT**. Do you consent to this? Yes/No

Referred by: _____ Address: _____
Designation: _____ Date: _____

Please return form to: Speech and Language Therapy
Corbridge Health Centre
Newcastle Road
Corbridge
Northumberland
NE45 5LG

For Office Use Only:

Received:

High

13 week date:

Medium

18 week date:

Routine

6 month date:

Acknowledged:

SLCN Practitioners are:

- Speech and Language Therapists
- Assistant Speech and Language Therapists
- Language Development Workers
- Sure Start Workers with additional training in SLCN

****We are committed to provide regular SLT student placements for Observation and participation in Assessment and Treatment under supervision of a SLT.**

Definitions of Priority Categories

These lists indicate what is included in each category but are not exhaustive.

High Priority

- Dysfluency
- Voice disorders
- Feeding/swallowing difficulties
- Comprehension concerns at 2y and above
- Absence of talking at 2y 6m and above
- Deviant speech development
- Unintelligible speech at 4y 6m and above
- Regressive development
- Autism Spectrum Disorder indicators
- Severe global developmental delay

Medium Priority

- Poor listening and attention skills at 2y 6m
- Unintelligible speech at 3y
- Few single words at 2y 6m
- No word combinations at 3y

Routine Priority

- Immature speech but generally intelligible
- Expressive language delayed but good comprehension
- Delayed skills but making spontaneous progress

Our standard is to contact

- High Priority referrals within 13 weeks.
- Medium Priority referrals within 18 weeks
- Routine Priority referrals will be sent information and then seen in 6 months if requested
- Urgent Feeding referrals within 2 weeks